

O.C.  
10/20  
AG

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>	<i>J B</i>	<i>20050920</i>	<i>10/1</i>
<b>O.I.P.E. CLASSIFIER</b>	<i>JWC</i>		
<b>FORMALITY REVIEW</b>	<i>SL</i>	<i>811</i>	<i>10/27/00</i>
<b>RESPONSE FORMALITY REVIEW</b>			

**INDEX OF CLAIMS**

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Cancelled  
 ÷ ..... Restricted

N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here